



City of Santa Clara

Building Division
1500 Warburton Ave.
Santa Clara, CA 95050
www.santaclaraca.gov

Building Division: 408-615-2440
Email: Building@santaclaraca.gov
Permit Center: 408-615-2420
Email: PermitCenter@santaclaraca.gov
Automated Inspection Scheduling System: 408-615-2400

REQUEST FOR OVERTIME PLAN REVIEW

Project address: _____ Today's date: _____ PERMIT #:BLD20 _____

The overtime plan review procedure is intended to expedite the plan review turnaround time. **It is not a guarantee to help customers meet their construction scheduling needs.**

- ☐ The review must be done after normal working hours.
- ☐ Approval is contingent upon the availability of a plans examiner.
- ☐ The request shall be authorized and signed by the Building Official or authorized designee at the bottom of this form.

The project must meet the following conditions prior to an approval of overtime plan review:

- A permit number shall be assigned - application must be completed and the plan check fees must be paid.
- Complete project documents (architectural, structural and civil drawings as applicable, structural calculations, duly signed and stamped, and similar essential documents) must be submitted.
- Required approvals and clearances from City Departments can be obtained within a month.

Statement by the applicant:

I, the undersigned, agree to compensate the City of Santa Clara for overtime plan review at a minimum fee of \$300.00 for the first two hours and \$150.00 for each additional hour or fraction thereafter per trade. Overtime plan review fee shall be paid prior to permit issuance.

I also understand that the overtime plan review does not imply any special considerations or exceptions to the normal plan review and approval process.

I understand that the overtime plan review process only provides plan review comments earlier than the assigned plan review cycle time, but the project must still comply with all other departmental requirements prior to permit issuance.

Signature of Applicant: _____ Date: _____

Print Applicant Name: _____

Title of Applicant/ Name of Company: _____ Phone: _____

To be completed by Building Division Office:

Authorized by:	Date:
Assigned Plans Examiner(s):	Estimated Fee: \$
Fee Due: \$	Fee Paid: \$
For Payroll Use: Plans Examiner initials-	Notes:
Date plan check done:	
Payroll code: 150 350 155 355	Paid stamp here
Hours worked: _____a.m/p.m. to _____a.m./p.m.	